

Occupational Therapy Referral

Please e-mail hello@doitwithpurpose.com



Client Details

Name:		Surname:
DOB:	Gender:	Client contact number:
Client Address:		
Client Consent for referral: <input type="checkbox"/> Yes <input type="checkbox"/> No		EPOA:
<input type="checkbox"/> Lives alone <input type="checkbox"/> Lives with Family <input type="checkbox"/> Other:		
Next of kin & contact number:		
Primary Diagnosis / Disability and reason for referral:		
Current medical conditions. Please add as much relevant information as possible.		
Current services in place:		

Reason for Referral

<input type="checkbox"/> Functional Assessment	<input type="checkbox"/> Equipment Prescription	<input type="checkbox"/> Ongoing Therapy
<input type="checkbox"/> Home Assessment	<input type="checkbox"/> Home Modifications	
<input type="checkbox"/> Other:		



NDIS Participant Information

NDIS Participant Number:	NDIS Plan dates:
Plan Managed / Self-Managed / Private (Please circle)	
If Plan Managed, please include Plan Manager contact details:	
NDIS Plan Goals:	

Safety Issues

For the safety of our staff, please outline if there are any safety considerations to be aware of when visiting the client at home.

Is the person currently treated involuntarily under the Mental Health Act?	Y / N
Is anyone at the property known to be aggressive or violent?	Y / N
Does anyone at the property have a history of alcohol or illicit drug dependence?	Y / N
Does the participant have a Personal Safety Plan? If so, please provide details.	Y / N
Are there any known triggers that may cause the participant to experience emotional distress?	Y / N
Are there firearms in the home?	Y / N
Does anyone at the property have an infectious disease?	Y / N
Are you aware of any pets or animals on the premises?	Y / N
Are there any other factors relating to the safety of our therapists entering the property?	Y / N

Referrer Details

Name:	Phone:
Organisation:	Email:
Signature:	Date of Referral:

Please return this form via email hello@doitwithpurpose.com
Once the referral is processed, you will be provided with a cost estimate for OT Services.

Service Provider: Do it with Purpose Occupational Therapy